



FLWEMS Paramedics Adult Protocol for the Management of:  
**PATIENT(S) REFUSING TREATMENT/TRANSPORT**  
(Against Medical Advise)

**Indications**

To outline paramedic guidance for the patient(s) or custodian of patient(s) who wish to refuse care and/or transport of the patient(s) with an acute medical/trauma emergency.

\* *Custodian of patient(s) is in reference to person(s) who is/are immediately responsible for the well being of the patient(s), i.e. parent/legal guardian, law enforcement officer/agency, family services, etc.*

**Procedure**

1. Obtain history of events, patient's past medical history and perform physical examination with a full set of vital signs.
2. Determine the patient's level of consciousness, orientation and mental awareness.
3. Patient's who have not yet reached their 18<sup>th</sup> birth date must be cared for under implied consent if EMS is unable to establish direct contact with parent/legal guardian. Assume that the parent/legal guardian would want their child treated and evaluated by an ER physician/PA for any potential illnesses and/or injuries.
4. Patient's who have a documented past medical history of mental deficiencies, i.e. mental retardation, must be cared for under implied consent if EMS is unable to establish direct contact with parent/legal guardian. Assume that the parent/legal guardian of this patient would want them treated and evaluated by an ER physician/PA for any potential illnesses and/or injuries
5. Advise patient/custodian of patient of their current medical condition and of the "Risk/Benefits" associated with declining/refusing assistance from EMS providers.
  - **Risk:** Potential/Eminent dangers of not receiving immediate care and/or transportation to the hospital.
  - **Benefits:** Potential/Immediate benefits of receiving prompt medical attention and transportation to the hospital.
6. Consult with direct on-line Medical Control (Attending Emergency Room Physician/PA).
7. Patient(s) or custodian of patient(s) must read or be read to and understand the **"Fort Leonard Wood Ambulance Service Refusal of Care Clause"**. This clause reads as follows:

***"I hereby voluntarily acknowledge and state that I have been advised regarding the state of my present physical condition, and I hereby voluntarily refuse to receive or accept such medical care and/or transportation as recommended by representatives of the Fort Leonard Wood Ambulance Service. I do hereby for myself, my heirs, executors, administrators and assigns forever release and fully discharge the Fort Leonard Wood Ambulance Service, it's officers, employees, medical consultants, hospitals, servants or agents from any and all liability in the premise, and I agree to save them harmless."***
8. Patient(s)/custodian of patient(s) must sign using their legal signature (payroll signature) at the bottom of the refusal of care clause. Their full name must also be clearly printed along with the date/time in the appropriate space provided at the end of this clause.
9. Witnessing of this refusal should be done by other than FLW EMS personnel, i.e. MP's, Fire Department personnel, bystanders, etc. This person must also sign using their legal signature, full name clearly printed and date/time of witness in the spaces provided and the end of this clause.

**Documentation**

In addition to standard S.O.A.P. note.

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1. History of events (mechanism of injury/nature of illness).
2. Past medical history, physical examination findings and vital signs.
3. Orders/Advice received from Medical Control.
4. Risk/Benefits as they were explained to the patient/custodian of patient.
5. If other than patient's self, the name of the person who is accepting responsibility for the patient(s) well being.
6. All applicable signatures, name, date and time blocks at the end of the refusal of care clause.

**CAIRA/Chemical Surety Considerations**  
None

**Triage Considerations**  
Refer to S.T.A.R.T. Triage Protocol

**END OF SOP – NOTHING FOLLOWS**